MEDICAL RECORD		CHRONOLOGICAL RECORD OF MEDICAL CARE				
DATE	SYMP	TOMS, DIAGNOSIS, TREA	ATMENT, TF	REATING ORGANIZATIO	N (Sign	each entry)
HOSPITAL OR MEDICAL FACILITY		STATUS	DEPAI	RT./SERVICE	RECO	RDS MAINTAINED AT
SPONSOR'S NAME		SSN/ID NO.	RELAT	RELATIONSHIP TO SPONSOR		
PATIENT'S IDENTIFICATION (For type		ed or written entries, give: Nan	ne —	REGISTER NO.		WARD NO.
	last, first, middle	; grade; date; hospital or medic	cal facility)			

CHRONOLOGICAL RECORD OF MEDICAL CARE

Medical Record STANDARD FORM 600 (REV. 6-97) Prescribed by by GSA/ICMR FIRMR (4 1 CFR) 201 – 9.202-1

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)

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CHRONOLOGICAL RECORD OF MEDICAL CARE

1. <u>Purpose</u>. The purpose of this form is to provide an arrangement of entries in order of occurrence with an appropriate descriptive narrative each time a student arrives at the dispensary with a complaint or whenever treatment of other procedure is instituted, including off-center treatment.

- 2. <u>Originator</u>. Each entry is to be made by the health professional conducting the examination, providing the care, or arranging for health care from an off-center provider.
- 3. <u>Frequency</u>. An entry is to be made on this record each time a student is examined, evaluated, and/or treated by a member of the center health staff, separated from Job Corps, and/or sent to an outside health care provider for any reason.
- 4. <u>Distribution</u>. This form is a single sheet form lined on both sides. It is to be maintained in the Student's Health Record and treated as confidential information.
- 5. General Instructions. Entries may be made, as appropriate, by a physician, nurse, medical assistant, or other authorized personnel. Prior to separation of a student for any reason, the Student's Health Record must be reviewed and signed by the center physician or a designee to ensure completeness of the record and to determine possible evidence of conditions necessitating further treatment.
- 6. Detailed Instructions.
 - a. Routine Entries. Enter the following for each medical, dental, metal health, or medically related treatment:
 - (1) Date.
 - (2) Pertinent history and physical findings.
 - (3) Diagnosis, if seen by a physician or mental health professional.
 - (4) Treatment and/or disposition rendered.
 - (5) Plan for follow-up.
 - (6) Name of person rendering treatment and place treatment was given (if not on center). (Note, if done by a center physician in facility other than center health office.)

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b. Final Entry. Within 5 days of the date of separation, the Student's Health Record will be closed by a final signed entry on the Chronological Record of Medical Care (SF-600) by the appropriate health staff personnel, indicating that the health record has been reviewed, summarizing the apparent status of the student's health, and noting any unresolved conditions and/or recommendations discussed with the student at separation, including health referrals.

- c. Medical Separations. In case of medical separation, a final signed statement must be entered by the appropriate health professional on the SF-600 indicating the reason(s) for the medical separation. A copy of the confidential medical report must also be included in the record.
- 7. <u>Disposition</u>. File the SF-600 on top of all records and at all times on the <u>right</u> side of the health folder. At the time of separation from Job corps, this form, along with the complete Health Record, shall be forwarded to the ETA Regional Office. In the event of a student's death, this form, along with the entire health record, shall be forwarded to the Job Corps National Office, 200 Constitution Ave., N.W., Room N4456, Washington, D.C. 20210.